



Clint Farabow
Senior Analyst
External Affairs

REDACTED – FOR PUBLIC INSPECTION

October 18, 2013

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W. Room TW – B204
Washington, D.C. 20554

RE: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of North State Telephone Company, d/b/a North State Communications
Study Area Code 230491

Dear Ms. Dortch:

North State Telephone Company, d/b/a North State Communications files the attached confidential version and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 C.F.R. 54.313 and 47 C.F.R. 54.422 of the Commission's rules. North State has also filed the redacted version via the FCC's Electronic Comment Filing System.

North State seeks confidential treatment for section 54.313(f)(5) regarding Service Quality Standards. North State is a small telecommunications carrier based in a highly competitive market area. Service quality is the primary marketing differentiator for the company. Thus, North State respectfully requests this information be treated as confidential by the Commission.

These documents have been filed with the Universal Service Administrative Company ("USAC") and the North Carolina Utilities Commission.

Please contact me should there be any questions regarding this filing.

Sincerely,

A handwritten signature in cursive script that reads "William C. Farabow".

William C. Farabow

Enclosures

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	230491
<015> Study Area Name	N.ST. DBA N. ST.COMM
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	William C. Farabow
<035> Contact Telephone Number: Number of the person identified in data line <030>	336-821-4446
<039> Contact Email Address: Email of the person identified in data line <030>	clint.farabow@nscm.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile			
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 230491nc510	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 230491nc610	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="checkbox"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	230491
<015> Study Area Name	N. ST. DBA N. ST.COMM
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035> Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039> Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscm.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	
<111>	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DBA N. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-621-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscom.com

-- See attached worksheet --

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DGA N. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	216-821-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabowanacom.com

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	230491
<015>	Study Area Name	N. ST. DRA N. ST. COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	335-821-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@uscom.com

<010>	Study Area Code	220491
<015>	Study Area Name	N.ST. DBA N. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nacon.com
<810>	Reporting Carrier	North State Telephone Company dba North State Communications
<811>	Holding Company	North State Telecommunications Corporation
<812>	Operating Company	N/A

10/11/2013

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DBA N. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-821-6446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nacom.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DBA W. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-921-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscon.com

Please check this box to confirm no terrestrial backhaul
 options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DBA N. ST.COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-621-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscom.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP://northatac.net/lifeline

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support; carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	230491
<015>	Study Area Name	N.ST. DBA N. ST. CONN
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@comcast.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<input type="checkbox"/>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FDX Form 481
Data Collection Form		OMB Control No. 3050-0986/OMB Control No. 3050-0819
		July 2013

<010>	Study Area Code	230491
<015>	Study Area Name	N. ST. DBA N. ST. COMM
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035>	Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039>	Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@recom.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information <input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held BOR Carrier (47 CFR § 54.313(f)(2))	<input type="checkbox"/> Yes/No
(3014)	If yes, does your company file the RUS annual report	<input type="checkbox"/> Yes/No
(3015)	Please check those boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statements; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/> Yes/No
(3019)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3020)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
(3021)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input type="checkbox"/>
(3022)	Borrowers, Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3024)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3025)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information
(3026)		

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<035> Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039> Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: N.ST. DBA N. ST.COMM	
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer: James D. McCarson	
Title or position of Authorized Officer: Vice President - Corporate Administration	
Telephone number of Authorized Officer: 336-886-3628	
Study Area Code of Reporting Carrier:	230491 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230491
<015> Study Area Name	N.ST. DBA N. ST.COMM
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	William C. Farabow
<035> Contact Telephone Number - Number of person identified in data line <030>	336-821-4446
<039> Contact Email Address - Email Address of person identified in data line <030>	clint.farabow@nscom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: N.ST. DBA N. ST.COMM	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 230491	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: N.ST. DBA N. ST.COMM	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: 230491	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	N.ST. DBA N. BT.COMM
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<020> Program Year	2014
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<030> Contact Name - Person USAC should contact regarding this data William C. Farabow

<039> Contact Email Address - Email Address of person identified in data line <030> clint.farabow@nsecon.com

<810> Reporting Carrier North State Telephone Company dba North State Communications

<812>	Operating Company	N/A
-------	-------------------	-----

<813> <814> <815> <816>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481 – Line 510

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

North State complies with applicable consumer protection standards. The company's Privacy Policy addresses the following consumer protection issues.

- North State obtains and uses individual customer information for business purposes only.
- North State informs customers how information North State obtains about them is used, as well as their options regarding its use.
- North State gives customers opportunities to control access by others to customer information and how North State uses individual information about them.
- North State enables customers to control how North State discloses individual information about them to other persons or entities, except as required by law or to protect the safety of customers, employees or property.

- North State strives to ensure that the information we obtain and use about customers is accurate.
- All North State employees are responsible for safeguarding individual customer communications and information.
- North State participates in and supports consumer, government and industry efforts to identify and resolve privacy issues.
- North State complies with all applicable privacy laws and regulations wherever North State does business.
- North State complies only with valid, properly issued, and legally enforceable third-party requests for access to customer information.

North State fully complies with Customer Proprietary Network Information (CPNI) regulations and has a detailed plan in place that describes how the company protects the confidentiality of CPNI. North State also complies with Do Not Call List and Truth in Billing regulations to further protect consumers.

FCC Form 481 – Line 610

47 CFR Section 54.313(a)(6) requires Eligible Telecommunications Carriers to certify the ability to function in emergency situations as set forth in Section 54.202 (a)(2). These rules require that an Eligible Telecommunications Carrier must:

“Demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

North State Telephone Company dba North State Communications offers voice services to several communities in North Carolina and has designed its network to remain functional in emergency situations.

North State’s network is served by Central Offices, Remote Central Offices and access node/digital loop carrier (DLC) cabinets. All of our Central Offices are equipped with both battery and generator back-up facilities. Remote Central Offices are also equipped with both battery and generator back-up facilities. The majority of North State’s access nodes and DLCs are equipped with both battery and generator back-up facilities. In most cases our generators can provide at least 24 hours of backup power without refueling. Battery backup equipment has been installed in our facilities with the intent to provide 8 hours of backup power in emergency situations.

North State has designed its network with diverse fiber paths across major network links. Connections between Central and Remote Offices and to other providers have primary and backup links in place. North State utilizes path diversity in many connections across our network.

North State’s network has been designed with traffic spikes in mind. Major network links have been sized to handle greater than typical peak bandwidth requirements.

North State has complied with the emergency functionality requirements for this filing. This summary serves as certification for our adherence to 47 CFR 54.313(a)(6).